

Current Priorities for 2013/14

Demonstrate ways to gather and measure the patient experience across our region and learn about patient experiences by recording patient stories in emergency care, PTS and from our contact centre.

To work with healthcare professionals to improve the way patient transport needs are managed.

To introduce an appointment-based patient transport service through 2013/2014, across the entire NEAS area.

Work with the acute trusts to reduce the effect of hospital turnaround delays to make sure patients have a positive and safe experience.

Lead the work with those with an interest in our services to deliver support, both medical and social, to high-intensity users (see below) to make sure that they get the most appropriate response in the most appropriate place to meet their needs.

Explore with commissioners a system and structure which supports putting individual treatment plans (ITPs) into action and new ways of caring for patients.

More use of other options (other than going to an emergency department) during 2013/14 if other options are available.

Long list Priorities not included from Previous Year

Area	Possible Quality Account Priorities	Further Detail
PTS	To achieve year on year improvements in patient satisfaction, through the development of a patient charter and continued survey work.	Ensure that people have a positive experience of care, and achieve a year on year reduction in patients complaints.
CC/QP	Develop high performing, patient and performance focused integrated call taking functions.	Utilise synergy working practices and cross training to develop multiskilled call takers providing a flexible workforce. The growth and development of staff will allow better patient experience.
CC/QP	Develop a high performing, patient and performance focused integrated dispatch/planning function	Integration of functions to dispatch right vehicle to any incident or medical requirement to get the patient the right care at the right facility.
CC	Improve patient experience through ensuring that staff are effectively trained with the right people providing the right care at the right time	
ES	Maintain and improve upon the delivery of excellent results with national Ambulance Quality Indicators	Continue to ensure best practice developments for patients are in place

ES/QP	Develop the staff and services offered in line with the CARE and the enhanced CARE programme	A focus on extending the skills of some staff in order to ensure that the patient does receive the right care in the right place and at the right time. Enhanced CARE is our initiative which equips our senior staff with enhanced clinical assessment skills to facilitate delivering all necessary care to the patient sometimes resulting in the need for no further onward referral to another service and/or clinician.
ES	To continuously improve the safety and quality of care we provide through evidencing clinical quality improvements and adoption of strong research and development to enhance knowledge of pre-hospital care.	
QP/Workforce	Develop effective clinical and quality leadership that is fit for purpose and is visible to frontline staff through positive improvement in services delivered to patients.	The clinical directorate needs to ensure that it has a structure fit for purpose and can be visible and relevant to frontline staff both in terms of the way it communicates and the way that it responds to everyday clinical challenges.
Potential Priorities for 2014/15		
Patient experience	Establish a range of effective ways to hold effective conversations with our communities (add quality into our planning/service development processes)	Find opportunities to engage with and gather input from communities and learn which methods deliver the highest level of engagement.
	Implement the Friends & Family Test for patients and staff by March 2015	Ensure full penetration with all possible groups.
	Staff – look at a cultural barometer as part of Organisational Development activity	Francis suggested that a fundamental culture change is needed. A tool or methodology such as a cultural barometer can be used to measure the cultural health of all parts of the system.
Patient safety	Establish response standards for Urgent calls, Rural areas and Green calls (any locally agreed targets will be subject to contract negotiations)	Guidelines exist for responses but will look to implement performance measures.
	Strengthen arrangements for learning from complaints and incidents	
	Lead the work with those with an interest in our services to deliver support, both medical and social; to high-intensity users to make sure that they get the most appropriate response in the most appropriate place to meet their needs. (P5 from 13/14)	Work is underway nationally this year, but we would look to embed this.
	Explore with commissioners a system and structure which supports putting individual treatment plans (ITPs) into action and new ways of caring for patients. (P6 from 13/14)	Process is in place this year, but would look to a fully integrated electronic solution including a portal.
	To set up systems within NEAS that demonstrate all mandatory requirements are being met	Suggested by the QR Task & Finish Group with definitions of each of the terms provided.

Clinical effectiveness	To develop clinical competency assessment and clinical educational requirements of teams, integral to appraisal and personal development	Review of existing arrangements and build into roles of individuals.
	To increase the number of Enhanced CARE training Paramedics to further increase the use of alternative services and care and treat patients at home.	Would hopefully lead to a reduction in conveyance to hospital.
	Year on year improvement across all clinical quality indicators – stretch targets/ which ones can we influence the most to target effort and which have the greatest benefit to patients?	Have clinical quality as a focus with the positive impact on the patient as a priority.
	Development of Advanced Practice in NEAS	Could increase paramedic autonomy and improve service provision.